FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2002 8:00 am Secretary of State P92000003869 DOCUMENT # Entity Name BAT AUTOMOTIVE PROPERTIES, INC. 02-20-2002 90139 029 ***150.00 rincipal Place of Business Mailing Address C/O TAMIAMI AUTOMOTIVE GROUP C/O TAMIAMI AUTOMOTIVE GROUP 8250 SW 8 ST 8250 SW 8 ST MIAMI FL 33144 MIAMI FL 33144 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State .65:0486903 = Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAGLIAFERRO, BERNAT... Street Address (P.O. Box Number is Not Acceptable) 8250 SW 8TH STREET **MIAMI FL 33144** City Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. IGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ÎTLE Delete TITLE Change M Addition BERNAT, TAGLIA FERRO AME NAME 8250 SW 8 STREET STREET ADDRESS TREET ADDRESS ITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Change ☐ Addition ITLE Delete TITLE AME NAME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TLE NAME AME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ITLE ☐ Delete IAME TREET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition İTLE ☐ Delete IAME NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP ■ Addition İTLE ☐ Detete TITLE ☐ Change AME NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-7IP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURI

TALUME MEQUINED

TO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

Date

Daytime Phone #